

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 08/14/2005		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 08/16/2005						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM H/DD/SAS	8599	14	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	7	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	21	73	40
3404904	WESTERN HIGHLAN DS LME	8951	151	CLIENT ONLY ENROLLED IN AN INA CTIVE POP GROUP. PLEASE CHECK CLIENT ELIGIBILITY AND ENROLLM				
		8599	118	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	20	361	4783	4422
		8931	20	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404910	PATHWAYS	10	129	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
		8599	90	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	12	435	7448	6978
		191	62	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404912	CATAWBA COUNTYM ENTAL HEALT	21	31	DUPLICATE OF CLAIM-SYSTEM				
		11	3	CLIENT NOT ELIGIBLE ON SERVICE DATE	4	39	214	175
		8931	3	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404913	MECKLENBURG COM ENTAL HEALT	11	6891	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	138	DUPLICATE OF CLAIM-SYSTEM	286	7533	7953	420
		8932	138	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404916	CROSSROADS BEHA VIOAL HEAL	5308	14	PRIOR AUTHORIZED UNITS EXCEEDE D				
		0	0		0	14	41	27
3404917	CENTERPOINT HUM AN SERVICES	21	648	DUPLICATE OF CLAIM-SYSTEM				
		5308	244	PRIOR AUTHORIZED UNITS EXCEEDE D	23	1181	2384	1203
		8599	175	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404918	ROCKINGHAM CO M ENTAL HEALT	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404919	GUILFORD CO MEN TAL HEALTHC	21	123	DUPLICATE OF CLAIM-SYSTEM				
		8599	120	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	51	312	2762	2450
		8931	42	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404920	ALAMANCE CASWEL L AREA MH D	8599	493	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		5404	141	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	3	822	8224	7402
		8000	60	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404921	ORANGE PERSON C HATHAM AREA	5312	639	PRIOR AUTHORIZED DOLLARS EXCEE DED				
		24	200	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI	5	1222	5019	3797
		21	182	DUPLICATE OF CLAIM-SYSTEM				
3404922	THE DURHAM CENT ER	8505	129	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	98	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	228	649	421
		8599	1	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404923	FIVE COUNTY MH	8000	90	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
		8599	38	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	179	1353	1174
		11	35	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404925	SANDHILLS CENTE R FOR MH/DD	8599	425	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8952	210	CLAIM DENIED DUE TO AGE RESTRI CTIONS FOR TARGET POPULATION	104	994	6946	5952
		11	96	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404926	SOUTHEASTERN RE G MENTAL HL	8599	110	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	108	DUPLICATE OF CLAIM-SYSTEM	61	403	4148	3745
		5308	52	PRIOR AUTHORIZED UNITS EXCREDE D				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404927	CUMBERLAND CO M HC	8599	195	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	64	DUPLICATE OF CLAIM-SYSTEM	0	303	1989	1686
		23	31	SERVICE REQUIRES PRIOR APPROVA L				
3404929	LEE HARNETT MH/ DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404930	JOHNSTON COUNTY MNTL HLTHC	8599	222	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	83	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	151	396	3925	3529
		8935	44	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404931	WAKE CO HUM SVC BILLING OF	11	87	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	69	DUPLICATE OF CLAIM-SYSTEM	25	224	975	751
		8599	30	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404932	RANDOLPH/SANDHI LLS CO MH C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	9	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	9	CLIENT NOT ELIGIBLE ON SERVICE DATE	8	38	1166	1128
		8931	8	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404934	ONSLow CARTERET BEHAV HEAL	21	422	DUPLICATE OF CLAIM-SYSTEM				
		8599	92	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	12	584	788	204
		8329	30	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	21	1	DUPLICATE OF CLAIM-SYSTEM				
		0	0		0	1	2	1

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3404937	EDGEcombe NASH MNTL HLTH C	21	73	DUPLICATE OF CLAIM-SYSTEM				
		191	4	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	83	1787	1704
		8599	3	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404938	VGFW DBA RIVERS TONE COUNSE	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404939	NEUSE MENTAL HE ALTH CENTER	21	188	DUPLICATE OF CLAIM-SYSTEM				
		11	82	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	314	892	578
		191	25	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404941	FITT CO MH/DD/S AS CENTER	8599	2006	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	929	DUPLICATE OF CLAIM-SYSTEM	27	3323	4012	689
		120	107	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404942	ROANOKE CHOWANH UMAN SERVIC	8599	126	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	6	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	10	140	739	599
		8932	2	CMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404943	ALBEMARLE MENTA L HEALTH CE	21	58	DUPLICATE OF CLAIM-SYSTEM				
		5404	30	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	42	158	1204	1046
		8935	22	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404944	EASTPOINTE HUMA N SERVICES	11	2	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		21	1	DUPLICATE OF CLAIM-SYSTEM	0	3	228	225
3404946	FOOTHILLS AREAM ENTAL HEALT	21	587	DUPLICATE OF CLAIM-SYSTEM				
		8599	199	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	29	950	5307	4357
		143	45	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404957	TIDELAND MENTAL	21	18	DUPLICATE OF CLAIM-SYSTEM				
	HEALTH CTR							
		11	6	CLIENT NOT ELIGIBLE ON SERVICE	2	29	98	69
				DATE				
		8599	3	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404979	NEW RIVER AREAM	11	692	CLIENT NOT ELIGIBLE ON SERVICE				
	H/DD/SA PRO			DATE				
		21	1	DUPLICATE OF CLAIM-SYSTEM	0	693	805	112